FORM
A18-A
(Rev. 5/95)

STATE OF WASHINGTON

RECEIVING REPORT - PARTIAL DELIVERY

AGENCY NO.	LOC. CODE	AUTHORIZATION NO.
648	020	
PURCHASE ORDER NO.		FIELD ORDER NO.
PARTIAL DELIVERY NO.		DATE OF DELIVERY

Instructions

1. *Use this form to report partial deliveries on a purchase or field order.*
2. *Use the receiving report copy of the original order to report the final delivery.*

VENDOR NAME AND ADDRESS	AGENCY NAME AND LOCATION
	Grays Harbor College 1620 Edward P. Smith Drive Aberdeen, WA 98520

ITEM NUMBER	DESCRIPTION	UNIT	QUANTITY		
			ORDERED	DELIVERED	
				TO DATE	THIS DELIVERY

CARRIER	SHIPPING DOCUMENT NO.	COLLECT	PREPAID	NO. PIECES	RECEIVED BY	DATE RECEIVED

PREPARED BY	TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	UBI NUMBER

REF DOC SUF	TRANS CODE	MOD	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS	COUNTY	CITY/TOWN	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
				APPN INDEX	PROGRAM INDEX				ALLOC	BUDGET UNIT	MOS					

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER